SCHEDULE B

(Form 5500)
Department of the Treasury
Internal Revenue Service Department of Labor Pension and Welfare Benefit Programs Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, and section 6059(a) of the Internal Revenue Code, referred to as the Code.

► Attach to Forms 5500, 5500-C, or 5500-R if applicable.

OMB No. 1210-0016

This Form Is Open to Public Inspection

- OI	Please complete every item on	· · · · · · · · · · · · · · · · · · ·		Round off amounts t	n nearest dol	lar			
•	Caution: A penalty of \$1,000 will				o nearest do	ıaı.			
Naı	me of plan sponsor as shown on line 1			Employer identif	ication number	r			
Nai	me of plan			Enter three digit plan number	Υ.	es No			
1	Has a waiver of a funding deficie	ncy for this plan been approve	d by the IRS?						
	If "Yes," attach a copy of the IRS	S approval letter.			<i>\\\\\\</i>	/////X////////////////////////////////			
2	Is a waived funding deficiency of	a prior plan year being amortiz	ed in this plan year? .						
3	Have any of the periods of amort	ization for charges described in	Code section 412(b)(2)(B) been extended by IRS	?				
	If "Yes," attach a copy of the IRS	S approval letter.			<i>\(\(\)</i>	WWX///////			
4	a Was the shortfall funding me	thod the basis for this plan yea	ar's funding standard	account computations? .					
		plan which is, for this plan yea · · · · · · · · · · · ·	-	described in Code section	418 or				
	If "Yes," you are required to	attach the information describ	ed in the instructions.		<i>\\\\\\</i>	////X/////////////////////////////////			
5	Has a change in funding method	for this plan year been made?							
	If "Yes," attach a copy of the info	ormation required to show IRS	approval.						
6	Operational information:								
	a Enter most recent actuarial v			• • • • • • • • • • • • • • • • • • • •					
	_ ` `	contributions received this plar			ed:				
		ccumulated in the plan as of t							
		· ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	d Present value of vested benefits as of the beginning of the plan year: (i) For retired participants and beneficiaries receiving payments								
				T T T T T T T T T T T T T T T T T T T					
	e Present value of nonvested a	accrued benefits as of the begi	inning of the plan year	r					
	f Number of persons covered (included in the most recent act	tuarial valuation):		-				
	(i) Active participants .								
	(ii) Terminated participants	s with vested benefits							
		d beneficiaries of deceased p							
7	Contributions made to the plan for		and employees:						
	(a) (b) Month Year Amount paid	(c) Amount paid	(a)	(b) Amount paid	(c) Amount pa	ııd			
	Month Year by employer	by employees	Month Year	by employer	by employe				
									
			Total						
	<u> </u>		Total						
Sta	atement by Enrolled Actuary (see	e instructions before signing)	:	• • • • • • • • • • • • • • • • • • •	u				
ion	To the best of my knowledge, the informations used in the aggregate (a) are reasonably in	related to the experience of the plan an	d to reasonable expectations	i any, is complete and accurate, and s, and (b) represent my best estima	u in my opinion th te of anticipated e	e assump experience			
ınd	der the plan.								
		Cignoture of active							
		Signature of actuary			Date				
-		Print or type name of seturation			lmont event				
		Print or type name of actuary		Enrol	lment number				
		Addrace		Talanhana numi	or (including area				

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8	Fu	nding standard account and oth	er information	:						
	а	Accrued liabilities as determine			unt as of (enter date)	>				
	b	Value of assets as determined	_		,		1			
	С	(i) Actuarial gains or (losses) f	_		· · · · · · · · · · · · · · · · · · ·		1			
		(ii) Shortfall gains or (losses) for		-						
	d	Amount of contribution certifi from 9m or 10h (or the attach	ed by the acti	jarv as necess	ary to reduce the fu	nding deficien	cy to zero.			
9	Fu	nding standard account stateme								
		arges to funding standard acc	•	,						
	а	Prior year funding deficiency,	if any							
	b	Employer's normal cost for pla								
	С	Amortization charges (outstar								
	d		erest as applicable to the end of the plan year on a , b , and c							
	e Total charges (add a through d)									
	Cr	edits to funding standard acco	unt:							
	f	Prior year credit balance, if an	у							
	g	(i) Employer contributions (to	tal from colum	nn (b) of item 7	")					
		(ii) Employer contributions red	ceived this plan	n year for prior	plan years and not pi	reviously repor	ted , , ,			
	h	Amortization credits (outstand	ding balance a	s of mo.	day yr	> \$				
	i	Interest as applicable to end of	f plan year on <mark>t</mark>	i, g , and h						
	j									
	k	Total credits (add f through j)								
	Ba	lance:								
	ı	Credit balance: if k is greater t								
	m	Funding deficiency: if e is grea	ter than k , ent	er the differen	ce	· · · · ·				
10	Alt	ernative minimum funding stand								
	а	Was the entry age normal co	st method use	d to determine	entries in item 9 abo	ve?		. La Yes La No		
		If ''No,'' do not complete b th	rrough h .				1			
	b	Prior year alternate funding o	leficiency, if a	ny						
	C									
	d	Excess, if any, of value of ac	crued benefits	over market	value of assets					
	e	Interest on b , c , and d						• • • • • • • • • • • • • • • • • • • •		
	f	Employer contributions (tota	l from column	(b) of item 7)						
	g	Interest on f Funding deficiency: if the sur								
	h	Funding deficiency: if the sur	n of b through	e is greater th	an the sum of f and g	, enter differei	nce			
11		tuarial cost method used as the						(1) () (1)		
	a	Attained age normal	b			c [_		nefit (unit credit)		
	d	Aggregate	е	Frozen ir	nitial liability	f	Individual le	vel premium		
	g	Other (specify)								
12		ecklist of certain actuarial		ed for item 6 lue of accrue		B U	sed for item	8, 9 or 10—		
		sumptions:		etirement			etirement	dard account Post-retirement		
	а	Rates specified in insurance		No	Post-retirement					
		or annuity contracts	Yes		Yes No	Yes	No	Yes No		
	b	Mortality table code:								
		(i) Males								
		(ii) Females	<u> </u>	%	0/		0/	0/		
	С	Interest rate		%	% ////////////////////////////////////		%	<u> </u>		
	d	Retirement age		%			0/	<u> </u>		
	е	Expense loading	0.4040		% ************************************	44-1-	%			
	f	Annual withdrawal rate:	Male	Female		Male	Female	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
		(i) Age 25	%	% %		%	%	<u> </u>		
		(ii) Age 40	<u>%</u> %	% %		%	%	<u> </u>		
		(iii) Age 55	% [[[]][[]][[]][[]][[]][[]][][][][][][][% [[][][][][][][][][][][][][][][][][][][% ////////////////////////////////////	% ////////////////////////////////////			
	g	Ratio of salary at normal								
		retirement to salary at:				XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
		(i) Age 25				%	%	<u> </u>		
		(ii) Age 40				%	%	<u> </u>		
	L	(iii) Age 55		//////////////////////////////////////	unothed states at	%	%	<u> </u>		
	h	Is a statement of actuarial ass	sumptions, act	uariai tunding	, memou, etc., attacl	ieu:		. Yes No		